

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing      OR      ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

<b>Attorney Docket Number</b>	HONDX 101
<b>First Named Inventor</b>	Shawn W. Campbell, et al.
<b>COMPLETE IF KNOWN</b>	
Application Number	
Filing Date	
Art Unit	
Examiner Name	

**As the below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**DAMPER STIFFENER EXTENSION AND BOX-BEAM PARCEL SHELF**

*(Title of the Invention)*

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label		002555		OR <input type="checkbox"/> Correspondence address below	
Jason H. Foster Kremblas, Foster, Phillips & Pollick <b>Name</b>							
7632 Slate Ridge Blvd. <b>Address</b>							
Reynoldsburg <b>City</b>				Ohio <b>State</b>		43068 <b>ZIP</b>	
U.S.A. <b>Country</b>		614/575-2100 <b>Telephone</b>				614/575-2149 <b>Fax</b>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
<b>NAME OF SOLE OR FIRST INVENTOR :</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name Shawn W. (first and middle [if any])				Family Name Campbell or Surname			
Inventor's Signature						Date	
Powell Residence: City		Ohio State		U.S.A. Country		U.S. Citizenship	
5273 Fairlane Drive							
<b>Mailing Address</b>							
Powell City		Ohio State		43065 ZIP		U.S.A. Country	
<b>NAME OF SECOND INVENTOR:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name Aron K. (first and middle [if any])				Family Name Madsen or Surname			
Inventor's Signature						Date	
Marysville Residence: City		Ohio State		U.S.A. Country		U.S. Citizenship	
1588 Meadowlark Lane							
<b>Mailing Address</b>							
Marysville City		Ohio State		43040 ZIP		U.S.A. Country	
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

**DECLARATION****ADDITIONAL INVENTOR(S)****Supplemental Sheet**Page 1 of 1

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name</b> Anthony J.		<b>Family Name or Surname</b> Leanza	
<b>Inventor's Signature</b>		<b>Date</b>	
<b>Residence: City</b> Dublin	<b>State</b> Ohio	<b>Country</b> U.S.A.	<b>Citizenship</b> U.S.
<b>Mailing Address</b> 4505 Tuttle's Brooke Drive			
<b>Mailing Address</b>			
<b>City</b> Dublin	<b>State</b> Ohio	<b>ZIP</b> 43016	<b>Country</b> U.S.A.
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name</b>		<b>Family Name or Surname</b>	
<b>Inventor's Signature</b>		<b>Date</b>	
<b>Residence: City</b>	<b>State</b>	<b>Country</b>	<b>Citizenship</b>
<b>Mailing Address</b>			
<b>Mailing Address</b>			
<b>City</b>	<b>State</b>	<b>ZIP</b>	<b>Country</b>
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name</b>		<b>Family Name or Surname</b>	
<b>Inventor's Signature</b>		<b>Date</b>	
<b>Residence: City</b>	<b>State</b>	<b>Country</b>	<b>Citizenship</b>
<b>Mailing Address</b>			
<b>Mailing Address</b>			
<b>City</b>	<b>State</b>	<b>ZIP</b>	<b>Country</b>

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Shawn W. Campbell, et al.
Title	
Art Unit	
Examiner Name	
Attorney Docket Number	HONDY 101

I hereby appoint:

☒ Practitioners at Customer Number:

002555

OR

☐ Practitioner(s) named below:

Name	Registration Number
Jason H. Foster	39,981
Francis T. Kremblas, Jr.	22,773
Frank H. Foster	24,560
Patrick P. Phillips	29,690

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name	Jason H. Foster				
Address	Kremblas, Foster, Phillips & Pollick				
Address	7632 Slate Ridge Blvd.				
City	Reynoldsburg	State	Ohio	Zip	43068
Country	U.S.A.				
Telephone	614/575-2100	Fax	614/575-2149		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Shawn W. Campbell		
Signature			
Date		Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Name	Anthony J. Leanza		
Signature			
Date		Telephone	

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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

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First Named Inventor	Shawn W. Campbell, et al.
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Attorney Docket Number	HONDY 101

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## **SIGNATURE of Applicant or Assignee of Record**

Name	Aron K. Madsen		
Signature			
Date		Telephone	

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